PARmed-X for PREGNANCY PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

PARmed-X for PREGNANCY is a guideline for health screening prior to participation in a prenatal fitness class or other exercise.

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy-induced hypertension.

The safety of prenatal exercise programs depends on an adequate level of maternal-fetal physiological reserve. PARmed-X for PREGNANCY is a convenient checklist and prescription for use by health care providers to evaluate pregnant patients who want to enter a prenatal fitness program and for ongoing medical surveillance of exercising pregnant patients.

Instructions for use of the 4-page PARmed-X for PREGNANCY are the following:

- 1. The patient should fill out the section on PATIENT INFORMATION and the PRE-EXERCISE HEALTH CHECKLIST (PART 1, 2, 3, and 4 on p. 1) and give the form to the health care provider monitoring her pregnancy.
- 2. The health care provider should check the information provided by the patient for accuracy and fill out SECTION C on CONTRAINDICATIONS (p. 2) based on current medical information.
- 3. If no exercise contraindications exist, the HEALTH EVALUATION FORM (p. 3) should be completed, signed by the health care provider, and given by the patient to her prenatal fitness professional.

In addition to prudent medical care, participation in appropriate types, intensities and amounts of exercise is recommended to increase the likelihood of a beneficial pregnancy outcome. PARmed-X for PREGNANCY provides recommendations for individualized exercise prescription (p. 3) and program safety (p. 4).

NOTE: Sections A and B should be completed by the patient before the appointment with the health care provider.

F	PATIENT INFORMATION							
NA	ME							
AD	DRESS							
TE	LEPHONEBIRTHDATE_		HEALTH INSURANCE No					
NA	ME OF		PRENATAL FITNESS					
PR	ENATAL FITNESS PROFESSIONAL			PROFESSIONAL'S PHONE NUMBER				
	PRE-EXERCISE HEALTH CHE	CKL	IST	PART 3: ACTIVITY HABITS DURING THE PAST MONTH				
PART 1: GENERAL HEALTH STATUS				1. List only regular fitness/recreational activities:				
In	the past, have you experienced (check YES or NO):							
		YES	NO	INTENSITY FREQUENCY TIME				
1.	Miscarriage in an earlier pregnacy?			INTENSITY FREQUENCY TIME (times/week) (minutes/day)				
2.	Other pregnancy complications?			1-2 2-4 4+ <20 20-40 40+				
3.	I have completed a PAR-Q within the last 30 days.			Heavy				
IT y	ou answered YES to question 1 or 2, please explain:			Light				
				2. Does your regular occupation (job/home) activity involve:				
Nu	mber of previous pregnancies?			YES NO				
				Heavy Lifting?				
PART 2: STATUS OF CURRENT PREGNANCY				Frequent walking/stair climbing?				
Du	e Date:			Occasional walking (>once/hr)?				
			Prolonged standing?					
During this pregnancy, have you experienced:			NO	Mainly sitting?				
1.	Marked fatigue?			Normal daily activity?				
2.	Bleeding from the vagina ("spotting")?			3. Do you currently smoke tobacco?* I 4. Do you consume alcohol?* I				
З.	Unexplained faintness or dizziness?			4. Do you consume alcohol?*				
4.	Unexplained abdominal pain?			PART 4: PHYSICAL ACTIVITY INTENTIONS				
5.	Sudden swelling of ankles, hands or face?			What physical activity do you intend to do?				
6.	Persistent headaches or problems with headaches?							
7.	Swelling, pain or redness in the calf of one leg?							
8.	Absence of fetal movement after 6th month?			Is this a change from what you currently do?				
9.	Failure to gain weight after 5th month?							
lf v	ou answered YES to any of the above questions, please	e explair	י.	*NOTE: PREGNANT WOMEN ARE STRONGLY ADVISED NOT TO SMOKE				

*NOTE: PREGNANT WOMEN ARE STRONGLY ADVISED NOT TO SMOKE OR CONSUME ALCOHOL DURING PREGNANCY AND DURING LACTATION.

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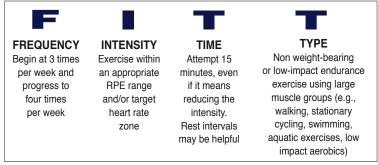
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Absolute Contraindications	Relative Contraindications				
Does the patient have: 1. Ruptured membranes, premature labour?	YES	NO □	Does the patient have: 1. History of spontaneous abortion or premature labour	YES	NC
2. Persistent second or third trimester bleeding/placenta previa?	a previa? 2. Mild/moderate cardiovase	 in previous pregnancies? 2. Mild/moderate cardiovascular or respiratory disease (a.g., abrania humatansian, asthma)? 			
 Pregnancy-induced hypertension or pre-eclampsia? Incompetent cervix? 			(e.g., chronic hypertension, asthma)?3. Anemia or iron deficiency? (Hb < 100 g/L)?		
Evidence of intrauterine growth restriction?			 Malnutrition or eating disorder (anorexia, bulimia)? Twin pregnancy after 28th week? 		
High-order pregnancy (e.g., triplets)? Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular,			 6. Other significant medical condition? Please specify:		
respiratory or systemic disorder?			NOTE: Risk may exceed benefits of regular physical activity. be physically active or not should be made with qualified medical		sion t
PHYSICAL ACTIVITY RECOMMENDATION:			Recommended/Approved 🛛 🖵 Contrain	dicate	ed

Prescription for Aerobic Activity

RATE OF PROGRESSION: The best time to progress is during the second trimester since risks and discomforts of pregnancy are lowest at that time. Aerobic exercise should be increased gradually during the second trimester from a minimum of 15 minutes per session, 3 times per week (at the appropriate target heart rate or RPE to a maximum of approximately 30 minutes per session, 4 times per week (at the appropriate target heart rate or RPE).

WARM-UP/COOL-DOWN: Aerobic activity should be preceded by a brief (10-15 min.) warm-up and followed by a short (10-15 min.) cool-down. Low intensity calesthenics, stretching and relaxation exercises should be included in the warm-up/cool-down.



PRESCRIPTION/MONITORING OF INTENSITY: The best way to prescribe and monitor exercise is by combining the heart rate and rating of perceived exertion (RPE) methods.

TARGET HEART RATE ZONES		RATING OF PERCEIVED EXERTION (RPE)						
shown appropria pregnant	te for most	Check the accuracy of your heart rate target zone by comparing it to the scale below. A range of about 12-14 (somewhat hard) is appropriate for most pregnant women.						
	e HR range	6	Von von light					
	art of a new	8	Very, very light					
in late pre	program and	9	Somewhat light					
in late pre	griancy.	10						
	Heart	11	Fairly light					
	Rate	12						
Age	Range	13	Somewhat hard					
-		14						
< 20	140-155	15	Hard					
20-29	135-150	16						
30-39	130-145	17	Very hard					
		18						
cise intensi	ty is excessive	19 20	Very, very hard					
		L						

"TALK TEST" - A final check to avoid overexertion is to use the "talk test". The exercise intensity is excessive if you cannot carry on a verbal conversation while exercising.

The original PARmed-X for PREGNANCY was developed by L.A. Wolfe, Ph.D., Queen's University. The muscular conditioning component was developed by M.F. Mottola, Ph.D., University of Western Ontario. The document has been revised based on advice from an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill, with additonal input from Drs. Wolfe and Mottola, and Gregory A.L. Davies, M.D., FRCS(C) Department of Obstetrics and Gynaecology, Queen's University, 2002.

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Additional copies of the PARmed-X for PREGNANCY, the PARmed-X and/or the PAR-Q can be downloaded from: <u>www.csep.ca/publications</u> For more information contact the:

Canadian Society for Exercise Physiology

18 Louisa Street, Suite 370, Ottawa, Ontario CANADA K1R 6Y6

tel.: 1-877-651-3755 www.csep.ca

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Prescription for Muscular Conditioning

It is important to condition major muscle groups d		CATEGORY	PURPOSE		EXTRENGTHENING EXERCISES			
oth prenatal and postnatal		Upper back	Promotion of good posture		Shoulder shrugs, shoulder blade pinch			
periods.		Lower back	Promotion of good posture		Modified standing opposite leg & arm lifts			
WARM-UPS & COOL DOV Range of Motion: neck, st der girdle, back, arms, hip	houl-	Abdomen Promotion of good posture, prevent low-back pain, prev diastasis recti, strengthen n			Abdominal tightening, abdominal event curl-ups, head raises lying on side or standing positio			
knees, ankles, etc. <i>Static Stretching:</i> all major		Pelvic floor ("Kegels")	Promotion of good bladder contro prevention of urinary incontinent	ol,	"Wave", "elevator"			
muscle groups	-	Upper body	Improve muscular support for bre	asts	Shoulder rotations, modified push-ups against a wall			
(DO NOT OVER STRETC	: <u>H!)</u>	Buttocks, lower limbs	Facilitation of weight-bearing, pre of varicose veins	venti	on Buttocks squeeze,standing leg lifts, heel raises			
	PRE		OR MUSCULAR CONDITIC	NIN	G DURING PREGNANCY			
VARIABLE	EFFECT	S OF PREGNAN	CY		EXERCISE MODIFICATIONS			
Body Position	may eit half of t	ther decrease the the body as it pres	ng on the back), the enlarged uterus flow of blood returning from the lowe ses on a major vein (inferior vena ca o a major artery (abdominal aorta)		 past 4 months of gestation, exercises normally done in the supine position should be altered such exercises should be done side lying or standing 			
Joint Laxity		nts become relaxe nay be prone to inj	d due to increasing hormone levels ury		 avoid rapid changes in direction and bouncing during exercises stretching should be performed with controlled movements 			
Abdominal Muscles	midline		ulging) of connective tissue along the bdomen (diastasis recti) may be see e	1	 abdominal exercises are not recommended if diastasis recti develops 			
 Posture increasing weight of enlarged breasts and uterus forward shift in the centre of gravity and may increate lower back the lower back this may also cause shoulders to slump forward 			of gravity and may increase the arcl					
Precautions for Resistance Exercise	 emphasis must be placed on continuous breathing throughout exercise exhale on exertion, inhale on relaxation using high repetitions and low weights Valsalva Manoevre (holding breath while working against a resistance) causes a change in blood pressure and therefore should be avoided avoid exercise in supine position past 4 months gestation 							
l	(to	b be completed aft gnancy with my	d by patient and given to the ter obtaining medical clearar PLEASE PRINT (patient's health care provider and I have	prer ce to nan e obt				
	(po			LTH	CARE PROVIDER'S COMMENTS:			
Name of health care provider:								
Address:								
Telephone:								
					(health care provider's signature)			

Advice for Active Living During Pregnancy

Pregnancy is a time when women can make beneficial changes in their health habits to protect and promote the healthy development of their unborn babies. These changes include adopting improved eating habits, abstinence from smoking and alcohol intake, and participating in regular moderate physical activity. Since all of these changes can be carried over into the postnatal period and beyond, pregnancy is a very good time to adopt healthy lifestyle habits that are permanent by integrating physical activity with enjoyable healthy eating and a positive self and body image.

Active Living:

overexert

program

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see your doctor before

during pregnancy

increasing your activity level

exercise regularly but don't

or join a prenatal exercise

for pregnant women

exercise in pregnancy

exercise with a pregnant friend

follow FITT principles modified

know safety considerations for

Healthy Eating:

- the need for calories is higher (about 300 more per day) than before pregnancy
 - follow Canada's Food Guide to Healthy Eating and choose healthy foods from the following groups: whole grain or enriched bread or cereal, fruits and vegetables, milk and milk products, meat, fish, poultry and alternatives
 - drink 6-8 glasses of fluid, including water, each day
 - salt intake should not be restricted
 - limit caffeine intake i.e., coffee, tea, chocolate, and cola drinks
 - dieting to lose weight is not recommended during pregnancy

Positive Self and Body Image:

- remember that it is normal to gain weight during pregnancy
- accept that your body shape will change during pregnancy
- enjoy your pregnancy as a unique and meaningful experience

For more detailed information and advice about pre- and postnatal exercise, you may wish to obtain a copy of a booklet entitled *Active Living During Pregnancy: Physical Activity Guidelines for Mother and Baby* © 1999. Available from the Canadian Society for Exercise Physiology, 185 Somerset St. West, Suite 202, Ottawa, Ontario Canada K2P 0J2 Tel. 1-877-651-3755 Fax: (613) 234-3565 Email: info@csep.ca (online: www.csep.ca). Cost: \$11.95

For more detailed information about the safety of exercise in pregnancy you may wish to obtain a copy of the Clinical Practice Guidelines of the Society of Obstetricians and Gynaecologists of Canada and Canadian Society for Exercise Physiology entitled *Exercise in Pregnancy and Postpartum* © 2003. Available from the Society of Obstetricians and Gynaecologists of Canada online at www.sogc.org

For more detailed information about pregnancy and childbirth you may wish to obtain a copy of *Healthy Beginnings: Your Handbook for Pregnancy and Birth* © 1998. Available from the Society of Obstetricians and Gynaecologists of Canada at 1-877-519-7999 (also available online at www.sogc.org) Cost \$12.95.

For more detailed information on healthy eating during pregnancy, you may wish to obtain a copy of *Nutrition for a Healthy Pregnancy: National Guidelines for the Childbearing Years* © 1999. Available from Health Canada, Minister of Public Works and Government Services, Ottawa, Ontario Canada (also available online at www.hc-sc.gc.ca).

SAFETY CONSIDERATIONS

- Avoid exercise in warm/humid environments, especially during the 1st trimester
- Avoid isometric exercise or straining while holding your breath
- Maintain adequate nutrition and hydration drink liquids before and after exercise
- Avoid exercise while lying on your back past the 4th month of pregnancy
- Avoid activities which involve physical contact or danger of falling
- Know your limits pregnancy is not a good time to train for athletic competition
- Know the reasons to stop exercise and consult a qualified health care provider immediately if they occur

REASONS TO STOP EXERCISE AND CONSULT YOUR HEALTH CARE PROVIDER

- Excessive shortness of breath
- Chest pain
- Painful uterine contractions (more than 6-8 per hour)
- Vaginal bleeding
- Any "gush" of fluid from vagina (suggesting premature rupture of the membranes)
- Dizziness or faintness